

MULTIPLE DEPEN CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							
2							
3							
4							
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17							
18			1				
19				1			
20					1		
21						1	
22							1
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24						1	
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41							1
42							1
43							1
44							1
45							1
46							1
47							1
48							1
49							1
50							1
TOTAL IND.			4				
TOTAL DEP.			16				
TOTAL CLAIMS			20				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
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95							
96							
97							
98							
99							
100							
TOTAL IND.			4				
TOTAL DEP.			16				
TOTAL CLAIMS			20				